Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	02/02/2014	Address:	18007 15 B RD	
Incident #:	14ISPC000882		CULVER, IN	
County:	MARSHALL		46511	
Type of Lab	oratory Seizure (check one)	Seizure Location (ire Location (check all that apply)	
☑ Operational Lab☐ Chemical/Glassware/Equipment (only)☐ Dumpsite (only)		Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:	
(check all that	l: Location (bedroom, kitchen, open air, apply) or Birch Reaction(s): GARAGE	<u>etc)</u>		
Red Phosphorous/Iodine Reaction(s):				
☐ Hydrochloric Acid Gas Generator(s): OUTSIDE BEHIND SHED IN WOOD PILE				
☐ Flammable Solvents: BASEMENT, SUSPECT "BEDROOM"				
Water Reactive Metal (Lithium):				
Anhydrous Ammonia:				
Corrosive Acid:				
Corrosive Base: BASEMENT, SUSPECT "BEDROOM"				
Other (item and location):				
Vehicle Information:				
Owner: VIN: Year:	JONATHON ULERY KL5JD56296K362553 2006	Make: Model:	SUZUKI	
Child under age 18 discovered (check appropriate) ☐ Yes (number present) ☐ No ☐ Children not present but evidence they reside or visit often		Living condi	Living conditions of home: clean disarray unclean Estimated length of time manufacturing had been occurring: UNKNOWN Additional Information:	
This report	has been faxed* or emailed to the fo	ollowing agencies tha	at serve the location:	
Health Depar	ent City, Township or County <u>CULV</u> tment County: <u>MARSHALL</u> of Child Services Hotline: <u>dcshotliner</u>	Fax: <u>574-9</u>		
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>DEAL</u> Phone <u>574-546-4900</u>				

^{*}This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.